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SPEECH-LANGUAGE PATHOLOGY CONTUING EDUCATION PROGRAM APPROVAL

Authority: 1978 PA 368

Sponsor Name				
Sponsor Street Address				
City	State	Zip Code		
Email Address				
Program Director Name		Title		
Program Director Address				
City	State	Zip Code		
The Program Director must describe his or her qualifications to direct the program:				
Describe how the program is being designed to further educate speech-language pathologist. You must include a short narrative describing the program content and the criteria for the selection of this content:				
Describe how the amount of continuing education credit to be awarded for this program was determined:				
Describe how participants will be notified that continuing education credit has been earned:				

LARA/BPL-SLPCEPROGRAM (04/16)

Describe how post-tests performance will influence the continuing education	ation credit award.			
Describe the delivery method or methods to be used and the techniques participation:	s that will be employed to assure active			
Describe how post-tests will be administered, corrected, and returned to	participants:			
Describe how attendance is monitored, including sample documents, an	d the name of the person monitoring attendance:			
Required Additional Documents:				
 This application must be submitted no later than 60 days before the program date. A program schedule, including date of program, topics, name of speaker, and break times Copies of instructional objectives that have been developed Copies of all promotional and advertising materials and program A copy of the curriculum vitae for each instructional staff member A copy of the post-test instrument that will be used for participant evaluation This application may be submitted to this office by emailing the form and required documents to BPLData@michigan.gov 				
CERTIFICATION AND SIGNATURE I certify that the information provided for approval of a Speech-Language Pathology continuing education program, is true and complete. If approval of the sponsor is granted by the Board of Speech-Language Pathology, I certify accurate, permanent individual records will be maintained, and written evidence of attendance containing the approval number assigned to the sponsor shall be provided to each licensee and only those licensees in attendance. Our continuing education programs will meet the standards and criteria outlined in the Administrative Rule 338.641.				
Signature	Title			
Type or Print Name	Date			